



1695  
Qlw

PTO/SB/83 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	09/927,788
	Filing Date	August 9, 2001
	First Named Inventor	Michael J. MAHAN
	Art Unit	1645
	Examiner Name	V. Portner
	Attorney Docket Number	220002060724

Commissioner for Patents  
To: P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

☒ all the attorneys/agents of record.

☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or

☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:  
This request is being made at the request of University of California

<b>CORRESPONDENCE ADDRESS</b>			
1.	<input type="checkbox"/>	The correspondence address is NOT affected by this withdrawal.	
2.	<input checked="" type="checkbox"/>	Change the correspondence address and direct all future correspondence to:	
<input type="checkbox"/>	Customer Number	<input type="text"/>	
<b>OR</b>			
<input checked="" type="checkbox"/>	Firm or Individual Name	David Aston, Ph.D., J.D. (Peters, Verny, Jones & Schmitt LLP)	
Address		425 Sherman Avenue, Suite 230	
City	Palo Alto	State	California
Country		Zip	94306-1827
Telephone	(650) 324-1677	Fax	
Name	Catherine M. Polizzi		
Signature	<i>Catherine M. Polizzi</i>	Registration No.	40,130
Date	July 9, 2004	Telephone No.	(650) 813-5651
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.			

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
Dated: July 9, 2004	Signature: <i>Thao T. Pham</i> (Thao T. Pham)



PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/927,788	
	Filing Date	August 9, 2001	
	First Named Inventor	Michael J. MAHAN	
	Art Unit	1645	
	Examiner Name	V. Portner	
Total Number of Pages in This Submission	4	Attorney Docket Number	220002060724

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	1. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address (in triplicate) - 3 pages
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	2. Return Receipt Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	MORRISON & FOERSTER LLP (Customer No. 25226) Catherine M. Polizzi - 40,130
Signature	
Date	July 9, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: July 9, 2004

Signature: (Thao T. Pham)